
Telehealth for Vulnerable and Underserved Populations: Opportunities in Telehealth Policy

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PAVING THE ROAD TO HEALTH EQUITY



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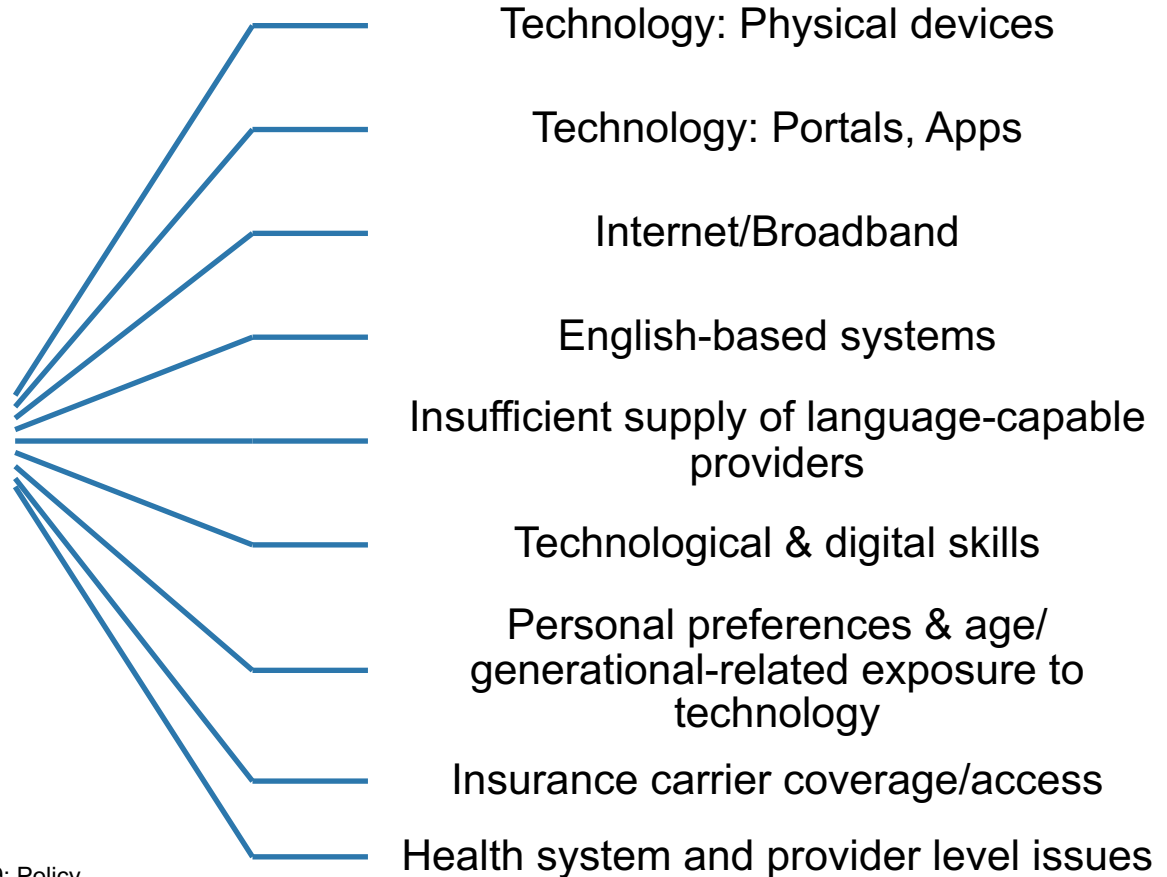
Source: https://www.cdc.gov/minorityhealth/publications/health_equity/index.html

Telehealth Systems: Who Our Current Design Fails



Structural Barriers Faced by Underserved, Vulnerable Populations

Telehealth Technology: Who Our Current Design Fails

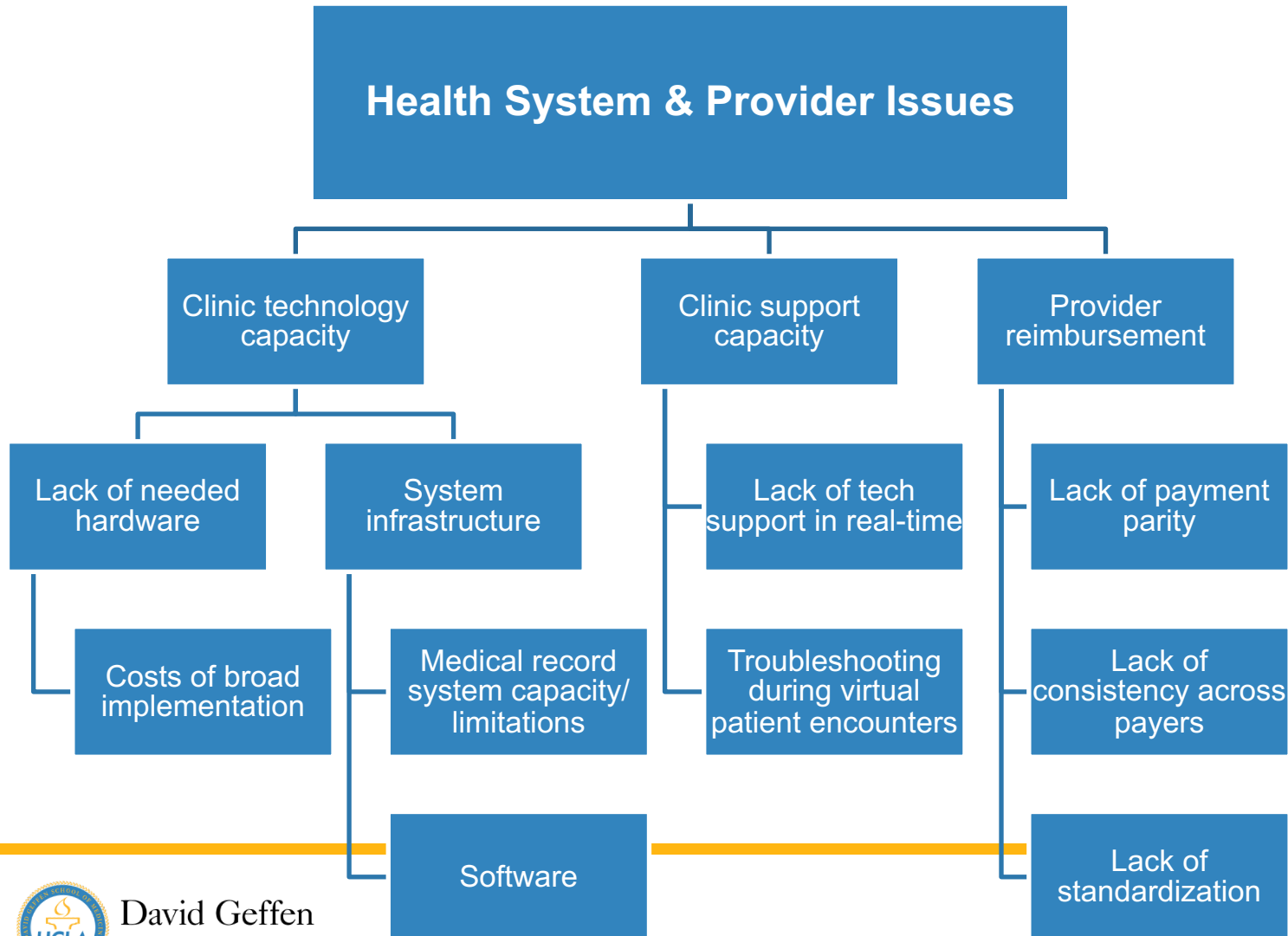


Anaya Y.B., Martinez LE, Vargas A, et al. Telehealth & COVID-19: Policy Considerations to Improve Access to Care. 2020.



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Structural Barriers Faced by Underserved, Vulnerable Populations Using Telehealth Technology



Telehealth Can Augment In-Person Care

• The Evidence: Value

- **Patients** are satisfied with telemedicine visits
 - Convenience: reduction in traditional barriers → reduced no-show rates
 - Quality
 - Improved communication with provider
- **Providers** see ways to augment traditional care
 - Counseling/Education
 - Improved medication adherence
 - Continued personal connection with patients via telemedicine
- **Access** leads to improved control of chronic conditions
 - Averted clinic visits
 - Improved outcomes → improved public health
 - → Reduced long-term morbidity & complications & related patient-care costs
 - Prevents high-cost future care

*See references

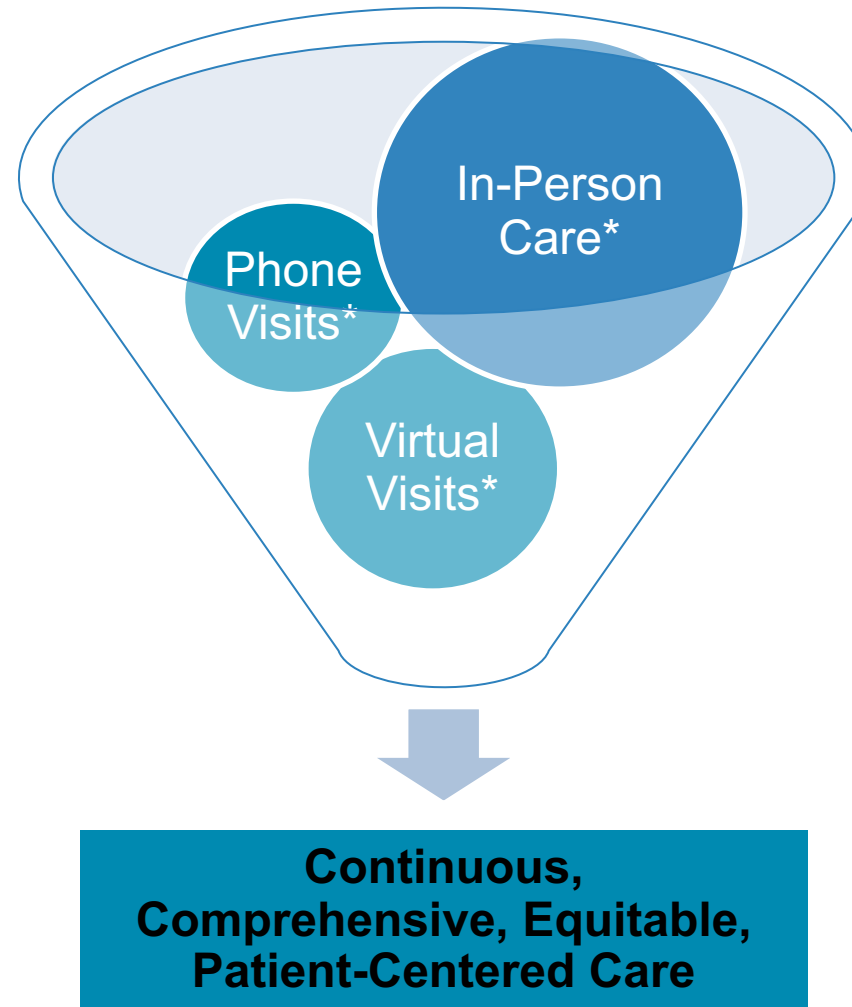


Telehealth in the Long-Term

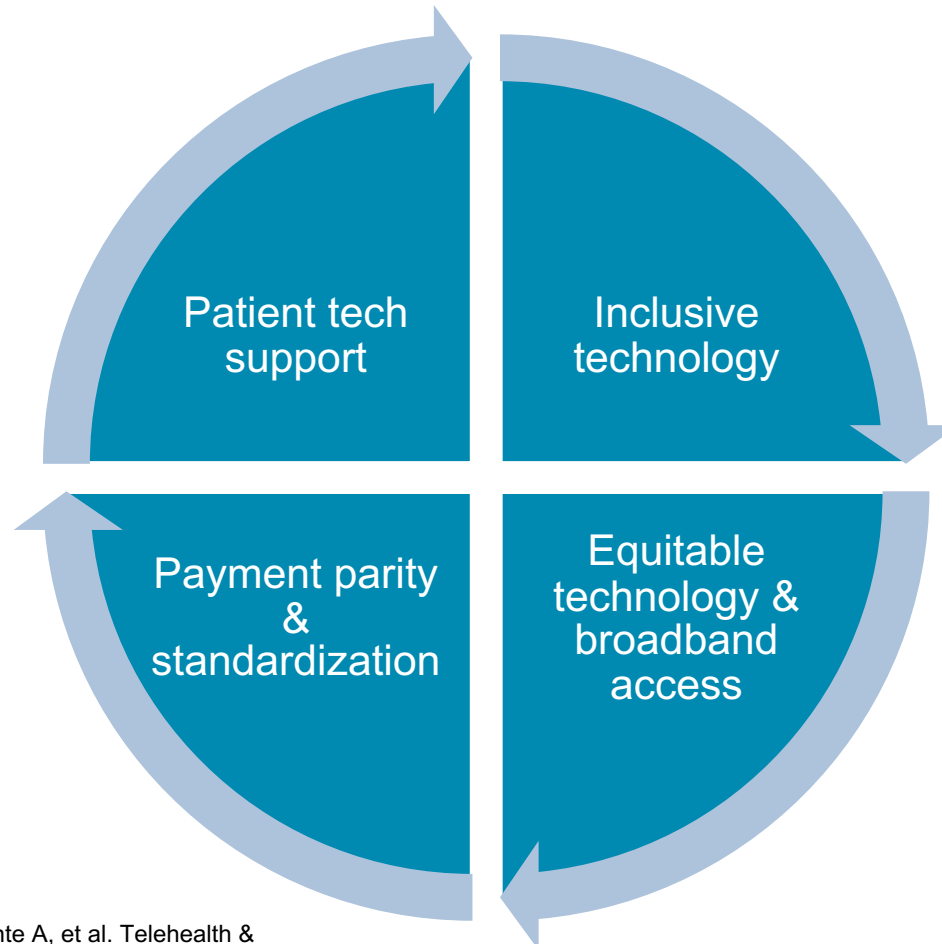
Policy Considerations



New Opportunity to Provide Better Care



Core Components of Telehealth Infrastructure to Avoid Disenfranchising Underserved, Vulnerable Populations



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Policy Considerations

Long-Term

Identify & meet consumer needs: Patients & Providers

- Support research and apply the evidence

Ensure equitable access to care

- Software/Platforms
- Devices
- Broadband

Support alternative telehealth options when video capacity is not an option

- Reality: Video visits at home may not be an option for some patients
- Allow patients to communicate with their providers in the modalities they have available to them

Meet language needs of LEP patients at all points of contact

- Required by various statutes.



Policy Opportunities

Long-Term

Simplified & standardized reimbursement structure will allow patients to continue to have access to telehealth visits

Integrated into primary care with existing providers. Telemedicine must complement broad access to in-person care.

Uniform payment parity of virtual visits across payers

Uniform coverage & equitable reimbursement for telephone visits across payers

Costs of support staff to meet patient needs in telehealth access

Patient protections to minimize out-of-pocket costs for integrated telehealth services



Equitable Access to Care Across Payers

- Limit non-standardized approach to coverage and reimbursement between payers and populations
 - Same Reimbursement (payment parity but **allowing for contract negotiations**)
- Allow the use of telephone encounters in place of video encounters when necessary or appropriate
 - Rather than completely exclude
- Ensure access across primary and specialty care across payers
- Specify same Utilization Review
 - Decisions denying coverage of services provided via telehealth subject to the same utilization review procedures as decisions denying coverage of services provided via an in-person encounter
- Specify same benefits



What About the Interim?

Policy Considerations



Policy Opportunities

Identify & respond to consumer needs: patients & providers

Build telehealth ecosystem that ensures equitable access to care

Support expansion of telehealth infrastructure for primary care & specialty providers across payers

- Provider hardware
- Platforms/Software

Telephone visit reimbursement at parity for systems and populations without video visit capacity

- Reimbursement structure that allows patients to communicate with their providers in the modalities they have available to them

Integrate language assistance at **all** points of contact



Policy Recommendations to Deliver Equitable Access to Care for Vulnerable Populations

• Build inclusive telehealth ecosystem

- **In the Interim:** Support the expansion & availability of telehealth services for vulnerable and underserved populations:
 - Fund primary care provider office infrastructure:
 - Patient- and provider-centered platform access
 - Telehealth platforms contracting with DHS/FQHCs/CHCs should be required to be “patient friendly”
 - Telehealth platforms contracting with DHS/FQHCs/CHCs should be required to provide multilingual support to deliver equitable access
 - Some EMR/EHR systems do not support video encounters
 - Equipment
 - Prioritize those serving medically underserved patients
 - Greatest need
- Patient technical support



Maintaining Quality & Ensuring Outcomes for the Long-Term

Policy Considerations



Policy Opportunities

Identify & meet consumer needs:
patients & providers

Assess telehealth ecosystem on measures of equitable access to care

Assess reimbursement structure for success in allowing patients to communicate with their providers in the modalities necessary

Building the necessary, language-capable physician workforce

Ensure meaningful access to telehealth systems in non-English languages at all points of contact

Assessing health care costs and preventing overutilization



References

1. Anaya Y.B., Martinez LE, Vargas-Bustamante A, et al. Telehealth & COVID-19: Policy Considerations to Improve Access to Care. Center for the Study of Latino Health and Culture (CESLAC), David Geffen School of Medicine and UCLA Latino Policy & Politics Initiative, Luskin School of Public Affairs; 2020.
2. Williams JS, Walker RJ, Egede LE. Achieving Equity in an Evolving Healthcare System: Opportunities and Challenges. *The American Journal of the Medical Sciences*. 2016;351(1):33-43.
3. Reed ME, Huang J, Parikh R, et al. Patient-Provider Video Telemedicine Integrated With Clinical Care: Patient Experiences. *Ann Intern Med*. 2019;171(3):222-224. doi:10.7326/M18-3081
4. Kruse C.S., Krowski N., Rodriguez B., Tran L., Vela J., Brooks M. Telehealth and patient satisfaction: a systematic review and narrative analysis. *BMJ Open*. 2017;7(8):e016242.
5. de Jong CC, Ros WJ, Schrijvers G. The effects on health behavior and health outcomes of Internet-based asynchronous communication between health providers and patients with a chronic condition: a systematic review. *J Med Internet Res*. 2014;16(1):e19. Published 2014 Jan 16. doi:10.2196/jmir.3000
6. Lee SWH, Chan CKY, Chua SS, Chaiyakunapruk N. Comparative effectiveness of telemedicine strategies on type 2 diabetes management: A systematic review and network meta-analysis. *Sci Rep*. 2017;7(1):12680. Published 2017 Oct 4. doi:10.1038/s41598-017-12987-z
7. Levy NK, Orzeck-Byrnes NA, Aidasani SR, et al. Transition of a Text-Based Insulin Titration Program From a Randomized Controlled Trial Into Real-World Settings: Implementation Study. *J Med Internet Res*. 2018;20(3):e93. Published 2018 Mar 19. doi:10.2196/jmir.9515
8. Faruque LI, Wiebe N, Ehteshami-Afshar A, et al. Effect of telemedicine on glycated hemoglobin in diabetes: a systematic review and meta-analysis of randomized trials. *CMAJ*. 2017;189(9):E341-E364. doi:10.1503/cmaj.150885
9. Hsu, P., Balderas-Medina Anaya, Y., Anglin, L., Hayes-Bautista, D.E., California's Language Concordance Mismatch: Clear Evidence for Increasing Physician Diversity in California's Latino Physician Crisis - UCLA Latino Policy and Politics Initiative. 2018.
10. Kim J-H, Desai E, Cole MB. How The Rapid Shift To Telehealth Leaves Many Community Health Centers Behind During The COVID-19 Pandemic. *Health Affairs Blog*. Published June 2, 2020. doi:10.1377/hblog20200529.449762.



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Thank You

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